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Fill in this information to identify your case:	
United States Bankruptcy Court for the:  Northern District of: Illinois	
(State)	Chapter you are filing under:
· · · · · · · · · · · · · · · · · · ·	✓ Chapter 7 Chapter 11
	Chapter 12 Chapter 13

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pá	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name	Elaine	
	Write the name that is on your government-issued picture identification (for example, your driver's	First name	First name
		L	
		Middle name	Middle name
		Anderson	
	license or passport	Last name	Last name
	Bring your picture	0.60.40.41.40	
	identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2	All other names you		
	have used in the last	First name	First name
	8 years		
	Lealer de conservaçõe de co	Middle name	Middle name
	Include your married or maiden names.		
		Last name	Last name
		First same	First name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits	XXX - XX- 2252	xxx - xx-
	Only the last 4 digits of your Social	XXX - XX- <u>ZZ3Z</u>	*** - ***
	Security number or federal Individual	OR	OR
	Taxpaver	9 xx - xx-	9 xx - xx-
	Identification number (ITIN)		

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D	ebtor 1 Elaine		Case number (if known)
	First Name	Middle Name Last Name	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.
	Identification Numbers (EIN) you have used in the last	Business name	Business name
	8 years	Business name	Business name
	Include trade names and doing business as names	EIN	EIN
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		7248 S Champlain Ave Apt: 2 Number Street	Number Street
		Chicago Illinois 60619	
		City State Zip Code Cook	City State Zip Code
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street	Number Street
		City State Zip Code	City State Zip Code
6.	Why you are choosing this district	Check one:	Check one:
	to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)
		-	

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Debto	r 1 Elaine	L	Anderson	Case number (if k	nown)
	First Name	Middle Name	Last Name		
Part 2	Tell the Court Abo	ut Your Bankruptc	y Case		
Ba are	e chapter of the nkruptcy Code you e choosing to file der		rief description of each, see <i>Notice</i> 2010)). Also, go to the top of page		C. § 342(b) for Individuals Filing for ropriate box.
8. Ho	ow you will pay the	more details ab cashier's check may pay with a  I need to pay the landividuals to F  I request that rejudge may, but the official pove you choose this	out how you may pay. Typically, or money order If your attorr credit card or check with a pre- ne fee in installments. If you clearly Your Filing Fee in Installments, and the property of the property of the property of the property line that applies to your family.	r, if you are paying the paying the period address. The printed address on the printed addr	the clerk's office in your local court for the fee yourself, you may pay with cash, our payment on your behalf, your attorney and attach the <i>Application for</i> 3A).  By if you are filing for Chapter 7. By law, a only if your income is less than 150% of the Chapter 7 Filing Fee Waived (Official
ba	ove you filed for nkruptcy within the st 8 years?	Ves. District District District		When	Case number
ca be sp fili yo pa	e any bankruptcy ses pending or ing filed by a ouse who is not ng this case with u, or by a business rtner, or by an filiate?	Yes. Debtor		When	Relationship to you  Case number, if known
	you rent your sidence?	✓ No. G	andlord obtained an eviction judgn so to line 12.		lo you want to stay in your residence?  nst You (Form 101A) and file it with

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Debte	or 1 Elaine First Name		L		Anderson Last Name	Case numb	oer (if known)	
Dow		Duoin						
Part	3: Report About Any	DUSII	162262	Tou Own as a Sole	Proprietor			
	re you a sole roprietor of any full-	<b>✓</b>	No.	Go to Part 4.				
	r part-time usiness?		Yes.	Name and location of	f business			
	sole proprietorship a business you			Name of business, if a	any			
in Se	perate as an advividual, and is not a eparate legal entity uch as a corporation, artnership, or LLC.			Number	Street			
	you have more than ne sole			City		State	Zip Cod	le .
р	roprietorship, use a eparate sheet and			Check the appropri	ate box to desc	cribe your business:		
	tach it to this			Health Care B	usiness (as def	ined in 11 U.S.C. § 10	)1(27A))	
р	etition.			Single Asset R	leal Estate (as c	lefined in 11 U.S.C. §	101(51B))	
Stockbroker (as defined in 11 U.S.C. § 101(53A))								
Commodity Br				roker (as define	ed in 11 U.S.C. § 101(6	6))		
None of the above					oove			
C B aı	re you filing under hapter 11 of the ankruptcy Code and re you a small usiness debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do nexist, follow the procedure in 11 U.S.C. § 11 16(1)(B).						ch your most recent balance
	or a definition of mall business debtor,		No.	I am not filing under Chapter 11.  I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the				
	ee 11 U.S.C. § 01(51D).	Ч		Bankruptcy Code.				
	,		Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Part	4: Report if You Owr	or H	ave Aı	ny Hazardous Prope	erty or Any Pr	operty That Needs	Immediate Atte	ntion
14. D	o you own or have		Na					
a	ny property that oses or is alleged to		No. Yes.	What is the hazard?				
-	ose a threat of nminent and							
	lentifiable hazard to ublic health or			If immediate attention is	needed, why is	it needed?		
	afety? Or do you			Where is the property?				
own any property that needs immediate attention?					Number	Street		
F	or example, do you							
o. b tf	wn perishable goods, r livestock that must e fed, or a building hat needs urgent epairs?				City	s	tate	Zip Code

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 Debtor 1
 Elaine
 L
 Anderson
 Case number (if known)

 First Name
 Middle Name
 Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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Debtor 1 Elaine	L Middle News	Anderson	Case number	(if known)		
First Name  Part 6: Answer These Que	Middle Name estions for Reporting	Last Name  Purposes				
16. What kind of debts do you have?	16a. Are your debts "incurred by ar No. Go to I ✓ Yes. Go to 16b. Are your debts money for a bu ☐ No. Go to I ☐ Yes. Go to	s primarily consume in individual primarily ine 16b. line 17. s primarily business usiness or investment ine 16c. line 17.	for a personal, family, or l debts? <i>Business debts</i> a	re debts that you incurred to obtain of the business or investment.		
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing undexpenses are			npt property is excluded and administrative nsecured creditors?		
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999		1,000-5,000 5,001-10,000 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000		
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,0 \$100,001-\$500, \$500,001-\$1 mi	00	\$1,000,001-\$10 million \$10,000,001-\$50 millior \$50,000,001-\$100 millio \$100,000,001-\$500 mill	on \$10,000,000,001-\$50 billion		
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,0 \$100,001-\$500, \$500,001-\$1 mi	00	\$1,000,001-\$10 million \$10,000,001-\$50 millior \$50,000,001-\$100 millio \$100,000,001-\$500 mill	on \$10,000,000,001-\$50 billion		
Part 7: Sign Below	<del></del>					
For you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in					
	connection with a ba		sult in fines up to \$250,0	2000, or imprisonment for up to 20 years, or		
	/s/ Elaine Ander			ture of Debtor 2		
	Executed on _	12/6/2016 MM / DD / YYYY	G	uted onMM / DD / YYYY		

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Debtor 1 Elaine	L	Anderson	Case numb	er (if known)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one	eligibility to proceed und	der Chapter 7, 11, 12, or	13 of title 11, Ur	t I have informed the debtor(s) about hited States Code, and have explained the a. I also certify that I have delivered to the
If you are not	debtor(s) the notice requ	ired by 11 U.S.C. § 342(	b) and, in a case	in which § 707(b)(4)(D) applies, certify that I
represented by an	have no knowledge after	r an inquiry that the infor	mation in the sc	hedules filed with the petition is incorrect.
attorney, you do not	4.5			·
need to file this page.	/s/ Rigo Garcia		Date	12/6/2016
	Signature of Attorney f	or Debtor		MM / DD / YYYY
	Rigo Garcia			
	Printed name			
	Semrad Law Firm			
	Firm name			
	20 S. Clark Street			
	Street			
	28th Floor			
	Chicago		inois	60603
	City	S	tate	Zip Code
	Contact phane			
	Contact phone		Email address	
	Bar number		St	ate

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Fill in this information to identify your case:						
Debtor 1	Elaine	L	Anderson			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		Northern	District of Illinois (State)			
Case number (If known)			(Glate)			

	Check if	this	is	an
_	amende	d filii	ng	

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	Ф0.00
1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$102,818.00
1c. Copy line 63, Total of all property on Schedule A/B	\$102,818.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$8,385.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	φο,363.00 ———————————————————————————————————
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
	\$80,441.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$88,826.00
Your total liabilities	\$88,826.00
	\$88,826.00
Your total liabilities  Summarize Your Income and Expenses  4. Schedule I: Your Income (Official Form 106I)	
Your total liabilities  Part 3: Summarize Your Income and Expenses	\$88,826.00 \$2,779.66

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Deb	otor 1 Elaine	L	Anderson	Case number (if known)							
	First Name	Middle Name	Last Name	_							
Part	4: Answer These Qu	estions for Administrat	ive and Statistical Record	ls							
6. <b>A</b>	are you filing for bankrupt	cy under Chapters 7, 11, o	r 13?								
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.										
[	✓ Yes.										
7. <b>V</b>	7. What kind of debt do you have?										
_	Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.										
		imarily consumer debts. Yo rith your other schedules.	u have nothing to report on this	s part of the form. Check this box and s	ubmit						
		our Current Monthly Income Form 122B Line 11; <b>OR</b> , Fo	e: Copy your total current mont orm 122C-1 Line 14.	hly income from Official	\$3,971.57						
9.	Copy the following spec	ial categories of claims fro	m Part 4, line 6 of Schedule E	E/F:							
	From Part 4 on Schedul	e E/F, copy the following:		Total claim							
	9a. Domestic support obli	igations (Copy line 6a.)		\$0.00							
	9b. Taxes and certain other	er debts you owe the governr	nent. (Copy line 6b.)	\$0.00							
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00											
	9e. Obligations arising ou priority claims. (Copy line	t of a separation agreement o 6g.)	\$0.00								
	9f. Debts to pension or pr	rofit-sharing plans, and other	\$0.00								

\$76,458.00

9g. Total. Add lines 9a through 9f.

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Fill in this	inform	ation to identify your c	ase:						
Debtor 1		Elaine	L		Anderson				
Debtor 2		First Name	Middle N	lame	Last Name				
(Spouse, if fi	iling)	First Name	Middle N	lame	Last Name				
United Sta	ates Ba	nkruptcy Court for the:	Northern		District of Illinois				
		mapley court is ais.			(State)				
Case num (If known)	nber								
Officia	J Fa	νω 106Λ/D						Check if this is an	
Unicia	מו דט	rm 106A/B						amended filing	
Sche	dule	A/B: Prope	rty					12/1	
category responsib write your	where y le for s r name	you think it fits best. E upplying correct infor and case number (if k	Be as complete a mation. If more s nown). Answer e	nd ad pace very	asset only once. If an asset fits in more curate as possible. If two married people is needed, attach a separate sheet to the question.	e are	filing together, both a	re equally	
			•		y residence, building, land, or similar pro				
₽0 <b>,</b> 00		o to Part 2	fultuble interest	u	y residence, building, land, or similar pro	port	,.		
	Yes. V	Where is the property?							
				Wh	at is the property? Check all that apply.		Do not deduct secured	claims or exemptions. Put	
1.1	Chunnat	address, if available, or			Single-family home			red claims on Schedule D: nims Secured by Property.	
	Street	address, ii avallable, or	other description		Duplex or multi-unit building			, ,	
					Condominium or cooperative		Current value of the entire property?	Current value of the portion you own?	
				Щ	Manufactured or mobile home Land				
	Numb	er Street		H	Investment property		Describe the nature of		
				H	Timeshare		interest (such as fee s the entireties, or a life		
	City	State	Zip Code	Other					
				Who has an interest in the property? Check			Check if this is community property (see instructions)		
				one	i.				
				Щ	Debtor 1 only				
				Н	Debtor 2 only  Debtor 1 and Debtor 2 only				
				H	At least one of the debtors and another				
				Oth	er information you wish to add about thi	s ite	m. such as local		
					perty identification number:		,		
If you	own o	r have more than one, li	st here:				5		
1.2				Wn	at is the property? Check all that apply.  Single-family home			claims or exemptions. Put red claims on <i>Schedule D:</i>	
	Street	address, if available, or	other description	Н	Duplex or multi-unit building		Creditors Who Have Cla	ims Secured by Property.	
				H	Condominium or cooperative		Current value of the entire property?	Current value of the portion you own?	
					Manufactured or mobile home		————	————	
	Numb	er Street			Land		Describe the nature o	f vour ownership	
				Ш	Investment property Timeshare		interest (such as fee s	simple, tenancy by	
	City	State	Zip Code	Н	Other		the entireties, or a life	e estate), if Known.	
				ш				mmunity property	
				Wh one	o has an interest in the property? Check		(see instructions)		
					Debtor 1 only		Ш		
				П	Debtor 2 only				
					Debtor 1 and Debtor 2 only				
					At least one of the debtors and another				
					er information you wish to add about thi perty identification number:	s ite	n, such as local		

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Debtor 1	Elaine First Name	L Middle Name	Anderson Last Name	Case number	r (if known)	
1.3Stre	et address, if available, or othe	v	What is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	apply.	the amount of any secu	claims or exemptions. Put ired claims on <i>Schedule D:</i> irims Secured by Property.  Current value of the portion you own?
Nur	nber Street State	Zip Code	Land Investment property Timeshare Other	_	Describe the nature of interest (such as fee state entireties, or a life	simple, tenancy by
		] ] ] ]	Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and	other	(see instructions)	mmunity property
2. Add	the dollar value of the porti	p	property identification number:all of your entries from Part 1, inclu			
you ha	ve attached for Part 1. Write		<b>.</b>			
	Describe Your Vehicles		t in any waki also whathay thay are		st2 la clude envivabieles	
you own t	hat someone else drives. If you ans, trucks, tractors, sport utility	l lease a vehicle,	t in any vehicles, whether they are a also report it on Schedule G: Executor cycles	-	-	
3.1			Who has an interest in the propone.  Debtor 1 only	erty? Check	the amount of any seco	claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.
	Approximate mileage: Other information:		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and	d another	Current value of the entire property?	Current value of the portion you own?
			Check if this is community instructions)	property (see		
3.2	Make Model: Year:		Who has an interest in the propone.  Debtor 1 only	erty? Check	the amount of any seco	claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by <i>Property</i> .
	Approximate mileage: Other information:		Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and  Check if this is community instructions)		Current value of the entire property?	Current value of the portion you own?

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otor 1	Elaine First Name	L Middle Name	Anderson Last Name	Case number	er (if known)	
		Middle Name				
3.3	Make		Who has an interest in the pro	operty? Check		claims or exemptions. P
	Model: Year:		one.			red claims on <i>Schedule</i> hims Secured by Property
	Approximate mileage:	<del></del>	Debtor 1 only		Oreanois vino riave ola	umo occured by Freperty
	Approximate mileage.		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 only		entire property?	portion you own?
			At least one of the debtors a	and another		-
			Check if this is communit	y property (see		
			instructions)			
3.4	Make		Who has an interest in the pro	operty? Check	Do not deduct secured	claims or exemptions. P
	Model:		one.		•	red claims on Schedule
	Year:		Debtor 1 only		Creditors Who Have Cla	nims Secured by Property
	Approximate mileage:		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 only		entire property?	portion you own?
			At least one of the debtors a	and another		
			Chack if this is somewhit	y property (see		
			I Check II this is communit			
Exar			instructions)  er recreational vehicles, other with the state of the s			
Exar	nples: Boats, trailers, motors No Yes Make		instructions)  er recreational vehicles, other vert, fishing vessels, snowmobiles, mo	otorcycle accessor	Do not deduct secured	•
Exar	nples: Boats, trailers, motors No Yes Make Model:		who has an interest in the proper	otorcycle accessor	Do not deduct secured the amount of any secu	red claims on <i>Schedule</i>
Exar	nples: Boats, trailers, motors No Yes Make Model: Year:		who has an interest in the property one.	otorcycle accessor	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule ims Secured by Property
Exar	nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:		who has an interest in the prone.  Debtor 1 only Debtor 2 only	otorcycle accessor operty? Check	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule hims Secured by Property Current value of the
Exar	nples: Boats, trailers, motors No Yes Make Model: Year:		who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only	otorcycle accessor operty? Check	Do not deduct secured the amount of any secu Creditors Who Have Cla	claims or exemptions. Printed claims on Schedule ims Secured by Property  Current value of the portion you own?
Exar	nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:		who has an interest in the prone.  Debtor 1 only Debtor 2 only	otorcycle accessor operty? Check	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule hims Secured by Property Current value of the
Exar	nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:		who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only	otorcycle accessor  operty? Check  and another	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule hims Secured by Property Current value of the
4.1	nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:		who has an interest in the prone.  Debtor 1 only Debtor 2 only At least one of the debtors a  Check if this is communit	operty? Check and another y property (see	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule ims Secured by Property  Current value of the portion you own?
4.1	nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:		instructions)  er recreational vehicles, other verit, fishing vessels, snowmobiles, more than the property one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors at Check if this is communit instructions)	operty? Check and another y property (see	Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.	red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P hered claims on Schedule
4.1	nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:		instructions)  er recreational vehicles, other verit, fishing vessels, snowmobiles, more than the present one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors at Check if this is communit instructions)  Who has an interest in the present of the present of the debtors at	operty? Check and another y property (see	Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.	red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P lired claims on Schedule
4.1	nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:		instructions)  er recreational vehicles, other verit, fishing vessels, snowmobiles, more than the present one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors at Check if this is communit instructions)  Who has an interest in the present.	operty? Check and another y property (see	Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.	red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P hered claims on Schedule
4.1	nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:		instructions)  er recreational vehicles, other with fishing vessels, snowmobiles, most, fishing vessels, snowmobiles, snowmobiles, fishing vessels, snowmobiles, sno	operty? Check and another y property (see operty? Check	Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classifications	red claims on Schedule lims Secured by Property  Current value of the portion you own?  claims or exemptions. P limed claims on Schedule lims Secured by Property
4.1	nples: Boats, trailers, motors  No  Yes  Make  Model: Year: Approximate mileage:  Other information:  Make  Model: Year: Approximate mileage:		instructions)  er recreational vehicles, other verit, fishing vessels, snowmobiles, most, fishing vessels, snowmobiles, fishing vessels, snowmobiles, most, fishing vessels, snowmobiles,	operty? Check and another y property (see operty? Check	Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the	red claims on Schedule ims Secured by Property  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule ims Secured by Property  Current value of the
4.1	nples: Boats, trailers, motors  No  Yes  Make  Model: Year: Approximate mileage:  Other information:  Make  Model: Year: Approximate mileage:		instructions)  er recreational vehicles, other verit, fishing vessels, snowmobiles, most, fishing vessels, snowmobiles, fishing vessels, snowmobiles, most, fishing vessels, snowmobiles, most, fishing vessels, snowmobiles, snowmobiles, fishing vessels, snowmobiles, fishing vessels, snowmobiles,	operty? Check and another y property (see operty? Check	Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the	red claims on Schedule lims Secured by Property  Current value of the portion you own?  claims or exemptions. Property limed claims on Schedule lims Secured by Property  Current value of the

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D	ebtor 1	Elaine First Name		L Middle Name	Anderson Last Name	Case number (if known)	
Pa	art 3:		our Personal ar				
D	o you	own or hav	e any legal or e	quitable intere	st in any of the following	g items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
	Examp		and furnishings liances, furniture, lin	nens, china, kitche	enware		
L	No Voc F	)oooribo	Hand From Street				1
⊻	Tes. L	Describe	Used Furniture				\$1000.00
7  -	<b>7. Elect</b> Examp No		s and radios; audio	, video, stereo, an	d digital equipment; compute	ers, printers, scanners; music	
✓	Yes. D	escribe	(2)TV (1)Cellphone	(1)Tablet			\$400.00
8			and figurines; painti		er artwork; books, pictures, o collections, memorabilia, colle		
ř		escribe					]
9		les: Sports, pl	orts and hobbies notographic, exercis			ables, golf clubs, skis; canoes	
<b>✓</b>	No	ara naya	to, oaipointly toolo,	macical monamon			
Ě	Yes. D	escribe					
1	I <b>0. Fire</b> Examp		les, shotguns, amm	nunition, and relate	ed equipment		
$ \underline{\mathbf{V}} $	No						1
L	Yes. L	escribe					
1	I <b>1. Clot</b> Examp		clothes, furs, leathe	r coats, designer v	vear, shoes, accessories		1
	No						1
⊻	Yes. L	escribe	Used Clothes				\$600.00
1	I <b>2. Jew</b> Examp			welry, engagemen	t rings, wedding rings, heirloc	om jewelry, watches, gems,	1
¥		escribe					]
1		-farm animal les: Dogs, cat	s, birds, horses				
V	No						
	Yes. D	escribe					
1	l4. Any	other persor	nal and household	items you did no	ot already list, including an	y health aids you did not list	
$\leq$	No						1
Ľ	Yes. D	escribe					
			alue of all of your of t number here		3, including any entries fo	r pages you have attached	\$2000.00

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Debt	or 1 Elaine	L	Anderson	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 4	Describe Your F	Financial Assets			
Doy	ou own or have an	y legal or equitable interes	t in any of the followin	g?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. <b>C</b>	kamples: Money you ha	ve in your wallet, in your home, ir	·	on hand when you file your petition  Cash:	
	and other similar in	avings, or other financial accounts stitutions. If you have multiple ac		ares in credit unions, brokerage houses,	
	No ✓ Yes		Institution name:		
		17.1. Checking account:	Credit Union One		\$1.00
		17.2. Checking account:	Credit Union One		\$5.00
		17.3. Savings account:			
		17.4. Savings account:			
		17.5. Certificates of deposit:			
		17.6. Other financial account:			
		17.7. Other financial account:			
		17.8. Other financial account:			
		17.9. Other financial account:			
18.	Examples: Bond funds,	or publicly traded stocks , investment accounts with broke	rage firms, money market a	accounts	
	✓ No ☐ Yes	Institution or issuer name:			
4.0					
	Non-publicly traded so an LLC, partnership, a		ited and unincorporated	businesses, including an interest in	
	Yes. Give specific information about them	Name of entity		% of ownership:	

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Dep.	tor 1 Elaine First Name	L Middle Name	Anderson Last Name	Case number (if known)	
20.	Government and corporate Negotiable instruments	orate bonds and other negotial include personal checks, cashiers' ents are those you cannot transfe	ole and non-negotiable i checks, promissory note	s, and money orders.	
	✓ No  Yes. Give specific information about them	Issuer name:		a containing a to the	
	u16111				
21.	Retirement or pension				_
	Examples: Interests in IF	RA, ERISA, Keogh, 401(k), 403(b)	, thrift savings accounts,	or other pension or profit-sharing plans	
	No	Type of account:	Institution name:		
	✓ Yes. List each account	401(k) or similar plan:			
	separately.	Pension plan:	Pension through emplo	yer	\$96000.00
		IRA:			
		Retirement account:			- 
		Keogh:			- 
		Additional account:			
		Additional account:			
22.	Examples: Agreements vicompanies, or others	prepayments I deposits you have made so that with landlords, prepaid rent, public			
	✓ Yes	Electrica.	mondation name.		
		Electric: Gas:			_
		Heating oil:			_
		Security deposit on rental unit:	Security Deposit with La	ndlord	\$1425.00
		Prepaid rent:			_
		Telephone:			_
		Water:			_
		Rented furniture:			
		Other:			_ '
23.	Annuities (A contract fo	or a periodic payment of money to	you, either for life or for a	number of years)	_ '
	✓ No ☐ Yes	Issuer name and description:			
		-			

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Debt	tor 1 Elaine First Name	L Middle	Anderson Name Last Name	Case number (if known)	
24.			count in a qualified ABLE program, or und	er a qualified state tuition program.	
	26 U.S.C. §§ 5	30(b)(1), 529A(b), and 529	(b)(1).		
	✓ No  Yes	Institution name and descrip	ption. Separately file the records of any interes	sts.11 U.S.C. § 521(c):	
					-
					-
25.		ble or future interests in portion of the second se	property (other than anything listed in line	e 1), and rights or powers	
	✓ No				
	Yes. Descr	ibe			
26.	Patents, copy	rights, trademarks, trade	secrets, and other intellectual property		
		=	es, proceeds from royalties and licensing agre	ements	
	✓ No	dib a			
	Yes. Descr	ibe			
27.	Licenses, fran	 chises, and other general	l intangibles		
			ses, cooperative association holdings, liquor	licenses, professional licenses	
	✓ No  Yes. Descr	iha			
	103. D0301				
Mor	ney or proper	ty owed to you?			Current value of the portion you own?  Do not deduct secured
	Tax refunds ow				portion you own? Do not deduct secured
	Tax refunds ow  No Yes. Give s	ved to you pecific information	2016 Tax Refund	Federal:	portion you own? Do not deduct secured
	Tax refunds ow  No Yes. Give s about	ved to you	2016 Tax Refund	Federal: State:	portion you own?  Do not deduct secured claims or exemptions.
	Tax refunds ow  No Yes. Give s about you a	ved to you pecific information them, including whether	2016 Tax Refund		portion you own? Do not deduct secured claims or exemptions.  \$3387.00
28.	Tax refunds ow  No Yes. Give s about you a and th	pecific information them, including whether lready filed the returns the tax years	2016 Tax Refund spousal support, child support, maintenance	State:  Local:	portion you own? Do not deduct secured claims or exemptions.  \$3387.00  \$0.00
28.	Tax refunds ow  No Yes. Give s about you a and th	pecific information them, including whether lready filed the returns the tax years		State:  Local: , divorce settlement, property settlemen	portion you own? Do not deduct secured claims or exemptions.  \$3387.00  \$0.00  \$0.00
28.	Tax refunds ow  No Yes. Give s about you a and th  Family support Examples: Past	pecific information them, including whether lready filed the returns the tax years		State:  Local:	portion you own? Do not deduct secured claims or exemptions.  \$3387.00  \$0.00
28.	Tax refunds ow  No Yes. Give s about you a and th  Family support Examples: Past	pecific information them, including whether lready filed the returns ne tax years		State:  Local: , divorce settlement, property settlemen	portion you own? Do not deduct secured claims or exemptions.  \$3387.00  \$0.00  \$0.00
28.	Tax refunds ow  No Yes. Give s about you a and th  Family support Examples: Past	pecific information them, including whether lready filed the returns ne tax years		State:  Local: , divorce settlement, property settlemen  Alimony:	portion you own? Do not deduct secured claims or exemptions.  \$3387.00  \$0.00  t  \$0.00
28.	Tax refunds ow  No Yes. Give s about you a and th  Family support Examples: Past	pecific information them, including whether lready filed the returns ne tax years		State: Local: , divorce settlement, property settlemen  Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions.  \$3387.00  \$0.00  t  \$0.00  \$0.00
28.	Tax refunds ow  No Yes. Give s about you a and th  Family support Examples: Past  No Yes. Give s	pecific information them, including whether lready filed the returns the tax years		State: Local:  , divorce settlement, property settlemen  Alimony:  Maintenance:  Support:	portion you own? Do not deduct secured claims or exemptions.  \$3387.00 \$0.00  \$0.00  \$0.00  \$0.00
28.	Tax refunds ow  No Yes. Give s about you a and th  Family support Examples: Past  No Yes. Give s  Other amounts Examples: Unpa	pecific information them, including whether lready filed the returns ne tax years  due or lump sum alimony, s  pecific information		State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$3387.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds ow  No Yes. Give s about you a and th  Family support Examples: Past  No Yes. Give s  Other amounts Examples: Unpa	pecific information them, including whether lready filed the returns ne tax years  due or lump sum alimony, s  pecific information	spousal support, child support, maintenance	State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$3387.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds ow  No  Yes. Give s about you a and th  Family support Examples: Past  No  Yes. Give s  Other amounts Examples: Unpa	pecific information them, including whether lready filed the returns ne tax years	spousal support, child support, maintenance	State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$3387.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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Deb	tor 1 Elaine	L	Anderson	Case number (if known)	
	First Name	Middle Name	Last Name		
31.	Interests in insurance po Examples: Health, disability		savings account (HSA); credit, ho	meowner's, or renter's insurance	
	No ✓ Yes. Name the insuran	Co	mpany name:	Beneficiary:	Surrender or refund value:
	of each policy and list	• •	e insurance through employer		\$0.00
32.	Any interest in property to If you are the beneficiary of property because someone	a living trust, expect proc		or are currently entitled to receive	
	<b>✓</b> No				
	Yes. Describe				
33.	Claims against third part Examples: Accidents, empl	•	have filed a lawsuit or made a ce claims, or rights to sue	demand for payment	
	✓ No				
	Yes. Describe				
34.	Other contingent and un to set off claims	 liquidated claims of eve	ry nature, including countercl	aims of the debtor and rights	
	<b>✓</b> No				
	Yes. Describe				
35.	Any financial assets you	did not already list			
	✓ No				
	Yes. Describe				
36.		-	art 4, including any entries for		\$100818.00
Part	5: Describe Any Busi	ness-Related Proper	rty You Own or Have an Int	terest In. List any real estate in Part	1
	-		est in any business-related proj		
	No. Go to Part 6.				urrent value of the
	Yes. Go to line 38.			D	ortion you own? o not deduct secured claims r exemptions
38.	Accounts receivable or o	ommissions you already	y earned	0	- champhons
	<b>✓</b> No				
	Yes. Describe				
39.	Office equipment, furnish	nings, and supplies			
			odems, printers, copiers, fax mac	hines, rugs, telephones, desks, chairs, electronic	ronic devices
	✓ No  Yes. Describe				
	-				

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Deb	tor 1 Elaine	L	Anderson	Case number (if known)	
	First Name	Middle Name	Last Name		
40.	Machinery, fixtures, e	equipment, supplies you i	use in business, and tools of your tra	ade	
	<b>✓</b> No				
	Yes. Describe				
	_				
41.	Inventory				
	<b>✓</b> No				
	Yes. Describe				
	_				
12	Interests in partnersh	ine or joint vontures			
42.		iips or joint ventures			
	<b>✓</b> No		Name of entity:	% of ownership:	
	Yes. Give specific		rtaine or smay.	% of awnording.	
	information about them				<del>-</del>
	urom				
12	Customor lists mailing	lists, or other compilati	one		<del>-</del>
45.		insts, or other compliant	olis		
	<b>✓</b> No				
	Yes. Do your lists i	nclude personally identifiab	ele information (as defined in 11 U.S.C.	§ 101(41A))?	
	☐ No				
	Yes. Desc	ribe			
44.	Any business-related	property you did not alre	eady list		
	<b>✓</b> No				
	Yes. Give specific				<del></del>
	information				<u> </u>
					<del>_</del>
					<u> </u>
					_
			art 5, including any entries for page		
<b>•</b>	art o. write that humbe				
Part	Describe Any F	arm- and Commercia	ll Fishing-Related Property You	Own or Have an Interest In.	
	If you own or have ar	n interest in farmland, list it in	n Part 1.		
46.	Do you own or have a	ny legal or equitable int	erest in any farm- or commercial fis	hing-related property?	
	No. Go to Part 7.				Current value of the
	Yes. Go to line 47.				portion you own?  Do not deduct secured claims
					or exemptions
47.	Farm animals				
	Examples: Livestock, p	oultry, farm-raised fish			
	<b>✓</b> No				
	Yes. Describe				

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Deb	tor 1 Elaine First Name	L Middle Name	Anderson	Case number (if known)	
		Middle Name	Last Name		
48.	Crops-either growing	or harvested			
	<b>✓</b> No				
	Yes. Describe				
	_				
	_	<del></del>			
49.	Farm and fishing equip	ment, implements, machinery, fi	xtures, and tools of trade		
	<b>✓</b> No				
	Yes. Describe				
50.	Farm and fishing suppl	ies, chemicals, and feed			
	<b>✓</b> No				
	Yes. Describe				
		<del></del>			
51.	Any farm- and comme	cial fishing-related property you	did not already list		
	<b>✓</b> No				
	Yes. Describe				
				Г	
52. A	dd the dollar value of al	l of your entries from Part 6, incl	uding any entries for page	es you have attached	
for Pa	art 6. Write that number	here			
				_	
Part	7: Describe All Pro	perty You Own or Have an In	terest in That You Did	Not List Above	
53.		perty of any kind you did not alrea	ady list?		
	Examples: Season tickets	s, country club membership			
	✓ No				
	Yes. Give specific				
	information				
54. A	dd the dollar value of al	l of your entries from Part 7. Writ	e that number here		<b>&gt;</b>
Part	8: List the Totals of	Each Part of this Form			
	Dani d. Tatal	line 0			
55.1	Part 1: lotal real estate	, line 2			
56	part 2 total vehicles, lin	2.5			
	•	d household items, line 15		<del></del>	
			\$2000.00	<u> </u>	
58. <b>F</b>	Part 4: Total financial as	sets, line 36	\$100818.00		
59. I	Part 5: Total business-re	elated property, line 45			
60 1	Part 6: Total farm- and f	ishing-related property, line 52	-	_	
				<u> </u>	
61. I	Part 7: Total other prop	erty not listed, line 54		_	
62.	Total personal property.	Add lines 56 through 61	\$102818.00		+ \$102818.00
			ψ102010.00	Copy personal property total	+ ψ102010.00
60.	'atal af all warrants	abadula A/D Add Bas EE - Br - CC			\$102818.00
03. <b>T</b>	otal of all property on S	chedule A/B. Add line 55 + line 62			1

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Fill in this information to identify your case:					
Debtor 1	Elaine	L	Anderson		
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States E	Sankruptcy Court for the:	Northern	District of Illinois (State)	_	
Case number (If known)			(Ciato)	-	

#### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pai	Identity the Property You Clair	n as Exempt						
1.		•						
	You are claiming state and federal	You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)						
	You are claiming federal exemption	ns. 11 U.S.C. § 522(b)(	2)					
2.	For any property you list on Schedule A							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption				
		Copy the value from Schedule A/B						
	Brief description:  Used Clothes	\$600.00	\$600.00	735 ILCS 5/12-1001(a)				
	Line from Schedule A/B: 11		100% of fair market value, up to any applicable statutory limit					
	Brief description:	\$400.00		735 ILCS 5/12-1001(b)				
	(2)TV (1)Cellphone	Ψ.σσ.σσ	\$400.00	_				
	(1)Tablet		100% of fair market value, up to any applicable statutory limit					
	Line from Schedule A/B: 07		аррисанс засиоту шти					
3.	✓ No	ery 3 years after that for	375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case?					
	Yes							

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Debtor 1 Elaine Anderson Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property Check only one box for each exemption. own Copy the value from Schedule A/B 735 ILCS 5/12-1001(b) Brief \$1.00 description: **✓** \$1.00 **Credit Union One** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$5.00 description: **✓** \$5.00 **Credit Union One** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-704 Brief \$96,000.00 description: **✓** \$96,000.00 Pension through 100% of fair market value, up to any employer applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(f) \$0.00 description: **✓** Life insurance through 100% of fair market value, up to any employer applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-803, 740 ILCS 170/4 Brief \$3,387.00 description: **✓** \$3,387.00 2016 Tax Refund 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$1,425.00 description: \$1,425.00 **Security Deposit with** 100% of fair market value, up to any Landlord

applicable statutory limit

Line from Schedule A/B:

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Fill in	this infor	mation to identify your cas	se:				
			1	Andreas			
Debto	or 1	Elaine First Name	Middle Name	Anderson Last Name			
Debto	or 2	. not realite	aa.is riams	2001 101110			
(Spous	se, if filing)	First Name	Middle Name	Last Name			
Unite	d States E	sankruptcy Court for the:	Northern	District of Illinois (State)			
Case (If know	number vn)						
Off	icial	Form 106D					Check if this is a amended filing
Sc	hedu	le D: Credito	ors Who Hav	e Claims Secure	d by Prop	erty	12/1
more	space is			are filing together, both are equa per the entries, and attach it to th			
1.	Do any c	reditors have claims se	cured by your property	?			
I	☐ No. 0	Check this box and submi	it this form to the court wi	th your other schedules. You have	e nothing else to rep	ort on this form.	
i	Yes.	Fill in all of the information	below.	•			
Part		All Secured Claims					
2.	separate	•	an one creditor has a partic	red claim, list the creditor cular claim, list the other creditors in a caccording to the creditor's name.	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		ITY BANK/ROOMPLCE	Describe the property t	hat secures the claim:	\$3,449.00	\$1,000.00	\$2,449.00
	Birming City Who ow Deb Deb At le and	thamAlabama 35222 State ZIP Code res the debt? Check one. tor 1 only tor 2 only tor 1 and Debtor 2 only teast one of the debtors another reck if this claim relates a community debt	Contingent Unliquidated Disputed Nature of lien. Check all An agreement you m car loan)	the claim is: Check all that apply.  that apply.  adde (such as mortgage or secured as tax lien, mechanic's lien)  a lawsuit  Lease on			
	incurred		Last 4 digits of accoun	t number			
2.2	GRT AM Creditor's 205 WE Numb	Name ST WACKER DR	Describe the property t  Lease on Furniture  As of the date you file,  Contingent	hat secures the claim: the claim is: Check all that apply.	\$2,205.00	\$1,000.00	<u>\$1,205.00</u>
	Deb Deb At le	State ZIP Code res the debt? Check one. res tor 1 only res 2 only rest one of the debtors another reck if this claim relates a community debt	car loan)	as tax lien, mechanic's lien) a lawsuit  Lease on			
	incurre		Last 4 digits of account our entries in Column A	t number8994 on this page. Write that number	\$5,654.00		

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Debto	or 1 Elaine L		Case r	number (if known)		
Pa	Additional Page	Middle Name Last Name	with 2.3, followed by	Column A  Amount of claim Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
2.3	RISE Creditor's Name PO Box 101808  Number Street  Fort Worth Texas 76185 City State ZIP Code Who owes the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Date debt was 10/1/2016 incurred	Personal Loan  As of the date you file, the claim Contingent Unliquidated Disputed  Nature of lien. Check all that apple an agreement you made (such car loan) Statutory lien (such as tax lien, Judgment lien from a lawsuit Other (including a right to offset Last 4 digits of account number)	y.  n is: Check all that apply  y.  n as mortgage or secure  mechanic's lien)  pet) Personal Loan		\$0.00	<u>\$2,012.00</u>
2.4	WEBBNK/FHUT Creditor's Name Po Box 166  Number Street  New Newark Jersey 07101 City State ZIP Code Who owes the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Date debt was 4/1/2012 incurred	Describe the property that securic CreditCard-Lease on Furniture  As of the date you file, the claim Contingent Unliquidated Disputed  Nature of lien. Check all that apply An agreement you made (such car loan) Statutory lien (such as tax lien, Judgment lien from a lawsuit  Other (including a right to offset Last 4 digits of account number)	y. n as mortgage or secured mechanic's lien)  CreditCard-Lease on Furniture		\$1,000.00	\$0.00
	here:	ur entries in Column A on this pag our form, add the dollar value tota		\$2,731.00		

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Fill i	n this infor	mation to identify your c	ase:					
Deb	tor 1	Elaine	L	Anderson				
		First Name	Middle Name	Last Name				
	tor 2							
(Spo	use, if filing)	First Name	Middle Name	Last Name				
Unit	ed States E	Bankruptcy Court for the:	Northern	District of Illinois				
				(State)				
(If knd	e number own)							
Off	icial F	orm 106E/F				Ch	eck if this is a	n amended filing
Sc	hedi	ıle F/F: Cre	ditors Who	Have Uns	ecured Claims			12/15
	ricat		ditors will	Tiave Olis	ecureu Olaiilis			12/15
Form claim	106A/B) and the thick that are the thick that are the thick that are the thick that the thick th	and on Schedule G: Exe e listed in Schedule D: C	cutory Contracts and Uniteditors Who Hold Claims tach the Continuation Pa	expired Leases (Officials s Secured by Property	m. Also list executory contract: al Form 106G). Do not include a . If more space is needed, copy le top of any additional pages, v	ny credito the Part y	rs with parti	ally secured it out, number
1.	Do any ci	reditors have priority un	secured claims against y	/ou?				
	<b>√</b> No. (	Go to Part 2.						
	Yes.							
2.	listed, idea As much Continuat	ntify what type of claim it as possible, list the claims ion Page of Part 1. If mor	is. If a claim has both priori	ity and nonpriority amou ding to the creditor's na particular claim, list the		both priorit	ty and nonprio	ority amounts.
					,	Total	Priority	Nonpriority

claim

amount

amount

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Debt	or 1	Elaine First Name	L Middle Name	Anderson Last Name	Case number (if known)	
Part	2:	List All of Your NONPRIOR				
Į		any creditors have nonpriority under No. You have nothing to report	<u> </u>	•	rt with your other schedules.	
4. I	List unse	ecured claim, list the creditor sepa	arately for each claim. For e	each claim listed, i	ne creditor who holds each claim. If a creditor has midentify what type of claim it is. Do not list claims alread If you have more than four priority unsecured claims file.	y included in Part 1.
						Total claim
4.1	No 11	APITAL ONE conpriority Creditor's Name 1013 W BROAD ST umber Street			gits of account number 0117 as the debt incurred? 6/1/2015	<u>\$1,498.00</u>
	_	LEN ALLEN Virginia	23060	Conti	e date you file, the claim is: Check all that apply.	
	Ci W	ity State  The incurred the debt? Check or  Debtor 1 only	Zip Code ne.	Dispu		
	Ė	Debtor 2 only			NONPRIORITY unsecured claim:	
	Ē	Debtor 1 and Debtor 2 only  At least one of the debtors and	another	Oblig	ent loans pations arising out of a separation agreement or divorce you did not report as priority claims	
	Ė	Check if this claim relates to		Debts debts	s to pension or profit-sharing plans, and other similar s	
	Is •	the claim subject to offset? No Yes		<b>✓</b> Other	r. Specify <u>CreditCard</u>	
4.2		REDIT MANAGEMENT LP onpriority Creditor's Name		Last 4 dig	gits of account number 4764	\$218.00
	A2 Nu CA Ci	ARROLLTON Texas ty State  The incurred the debt? Check or Debtor 1 only  Debtor 2 only	75007 Zip Code ne.	As of the Conti	e date you file, the claim is: Check all that apply.  ingent quidated  uted  NONPRIORITY unsecured claim: ent loans	
		Debtor 1 and Debtor 2 only  At least one of the debtors and	l another	that y	gations arising out of a separation agreement or divorce you did not report as priority claims	
	Is V	Check if this claim relates to the claim subject to offset?  No Yes	o a community debt	debts	s to pension or profit-sharing plans, and other similar s  001 Collection; Collecting for ORIGINAL CREDITOR: COMCAST er. Specify CENTRAL WAREHOUSE	
4.3	No PO	EPT OF ED/NAVIENT onpriority Creditor's Name O Box 9635 umber Street		When wa	gits of account number 0615 as the debt incurred? 6/1/2012 a date you file, the claim is: Check all that apply.	\$53,408.00
	Ci	rilkes Barre Pennsylv ity State ho incurred the debt? Check or Debtor 1 only	Zip Code		ingent juidated uted	
		Debtor 2 only			NONPRIORITY unsecured claim:	
		Debtor 1 and Debtor 2 only  At least one of the debtors and	l another	Oblig	ent loans gations arising out of a separation agreement or divorce you did not report as priority claims	
		Check if this claim relates to the claim subject to offset?	o a community debt	debts		
	<u>√</u>	No Yes			r. Specify	

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Anderson Debtor 1 Elaine Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 **DEPT OF ED/NAVIENT** \$7,609.00 Last 4 digits of account number 1018 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 10/1/2006 Number Street As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify \_ **✓** No Yes DEPT OF ED/NAVIENT 4.5 \$6,711.00 Last 4 digits of account number 0503 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 5/1/2016 Street Number As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify \_ **✓** No Yes 4.6 DEPT OF ED/NAVIENT \$5,395.00 Last 4 digits of account number 1018 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 10/1/2006 Number Street As of the date you file, the claim is: Check all that apply. Contingent 18773 Wilkes Barre Pennsylvania Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only  $\overline{}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify \_

No Yes

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Anderson Debtor 1 Elaine Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 **DEPT OF ED/NAVIENT** \$1,990.00 Last 4 digits of account number 1001 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 10/1/2008 Number Street As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify \_ **✓** No Yes DEPT OF ED/NAVIENT 4.8 \$1,345.00 Last 4 digits of account number 1001 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 10/1/2008 Street Number As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify \_ **✓** No Yes ONEMAIN \$2,267.00 Last 4 digits of account number 5367 Nonpriority Creditor's Name 3124 N Vermilion St Ste A When was the debt incurred? 4/1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent 61832 Danville Illinois Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only  $\overline{}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify <u>024 Installment</u>Loan Is the claim subject to offset? No

Yes

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ebtor 1 Elaine First Name	L Mi	ddle Name	Anderson Last Name	Case number (if known)
rt 3: List Othe	ers to Be Notified Ab	out a Debt Tha	nt You Already List	ted
collection age collection age creditors here	ncy is trying to collect ncy here. Similarly, if y	from you for a do ou have more th	ebt you owe to some an one creditor for a	y, for a debt that you already listed in Parts 1 or 2. For example, if a cone else, list the original creditor in Parts 1 or 2, then list the any of the debts that you listed in Parts 1 or 2, list the additional debts in Parts 1 or 2, do not fill out or submit this page.
Comcast Name			On which ent	try in Part 1 or Part 2 did you list the original creditor?
11621 E. Marginal Way # 5 Number Street		Line 4.2	of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	
Seattle City	Washington	98168	Last 4 digits	of account number 4764

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Debtor 1 Elaine Anderson \_ Case number (if known) First Name Middle Name Last Name Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d.

6e.

			Total claims
Total claims from Part 2	6f. Student loans	6f.	\$76,458.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$3,983.00
	6j. Total. Add lines 6f through 6i.	6j.	\$80,441.00

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Fill in this infor	mation to identify your c	ase:		
Debtor 1	Elaine	L	Anderson	_
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	_
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)	_
Case number (If known)			(=.416)	_

### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or comp	pany with whom you have	e the contract or lease	State what the contract or lease is for
2.1 Covington, Jam Name	illa		Other, Other, Landlord
Number	Street		
City	State	Zip Code	

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			3	
Fill in this infor	mation to identify your	case:		
Debtor 1	Elaine	L	Anderson	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the	Northern	District of Illinois (State)	
Case number			. ,	
(II KIIOWII)				Check if this is an
				amended filing
Official	Form 106H			
Sahadul	e H: Your Co	dobtoro		40/45
<u>Scheaui</u>	e n: Your Co	deblors		12/15
•	er every question.	you are filing a joint case, do	not list either spouse as a c	odebtor.)
Idaho, Lo		u lived in a community pro exico, Puerto Rico, Texas, W		Community property states and territories include Arizona, California,
		ner spouse, or legal equiva	lent live with you at the tim	ie?
	No	op 2002, 21 12 gen 2 quint		
	Yes. In which commun	ity state or territory did you	ı live?	_ Fill in the name and current address of that person.
	Name of your spouse,	former spouse, or legal equ	ivalent	<u> </u>
	Number Street			<u> </u>
	City	State	Zip Code	
again as	a codebtor only if that	person is a guarantor or o	osigner. Make sure you h	your spouse is filing with you. List the person shown in line 2 ave listed the creditor on Schedule D (Official Form 106D), fulle D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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		50	oamone	. ago <b>02</b>			
Fill in this i	nformation to identify	your case:					
Debtor 1	Elaine	L	Ander	son			
	First Name	Middle Name	Last N	ame	Che	eck if this is:	
Debtor 2 (Spouse, if filing	ng) First Name	Middle Name	Last N	amo	-   -	An amended filing	
						A supplement showing i	post-petition chapter 13
United State the:	es Bankruptcy Court for	Northern	_ District of Illi	nois State)		expenses as of the follo	
Case number	er		(0		_		
(If known)						MM / DD / YYYY	
<u>Official</u>	Form 106I						
Sched	ule I: Your In	come					12/15
information spouse. If n number (if l	about your spouse. I		d your spous	se is not filing	with you, do	not include informat	tion about your
_	our employment		Debtor 1			Debtor 2	
informa		Employment status	<b>✓</b> Emplo	ved		Employed	
	ave more than one job, separate page with		<u> </u>	nployed		Not Employed	
informat employe	ion about additional ers.	Occupation					
	part time, seasonal, or	Employer's name	Cook Cou	nty Government	i		
self-emp	oloyed work.	Employer's address	118 N Cla	rk St			
	tion may include student emaker, if it applies.		Number Str			Number Street	
			Chicago	Illinois	60602		
			City	State	Zip Code	City	State Zip Code
		How long employed there?					<u>-</u>
Part 2: G	ive Details About N	Monthly Income					
r art zir c	iiio Botallo Alboat I						
	monthly income as of tess you are separated.	the date you file this for	<b>n.</b> If you have	nothing to repo	ort for any line, v	write \$0 in the space. In	clude your non-filing
	our non-filing spouse have e, attach a separate she	e more than one employer, et to this form.	combine the	information for	all employers fo		es below. If you need
				For I	Debtor 1	For Debtor 2 or non-filing spouse	
		ary, and commissions (befo , calculate what the monthly		2.	\$3,946.61		_
3. Estima	ate and list monthly ove	rtime pay.		3.	+ \$0.00		
4. Calcu	late gross income. Add l	ne 2 + line 3.		4.	\$3,946.61		

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Debto	r 1Elaine L	Anderson		Case numbe	er <i>(if</i>		
	First Name Middle Name	Last Name		known) For Debtor 1	For Debtor 2 or non-filing spouse		
Сор	y line 4 here	<b>→</b> 4	4.	\$3,946.61			
5. List	all payroll deductions:						
5a.	Tax, Medicare, and Social Security deductions	Ę	ōa.	\$597.74			
5b.	Mandatory contributions for retirement plans	Ę	ōb.	\$336.20			
5c.	Voluntary contributions for retirement plans	Ę	ōc.	\$0.00			
5d.	Required repayments of retirement fund loans	Ę	ōd.	\$0.00			
5e.	Insurance		ōe.	\$186.46			
5f.	Domestic support obligations	ŧ	ōf.	\$0.00			
5g.	Union dues	ŧ	ōg.	\$46.54			
5h.	Other deductions. Specify:		5h. +	\$0.00	·		
6. <b>Add</b> +5h.	the payroll deductions. Add lines 5a + 5b + 5c + 5d	I + 5e +5f + 5g 6	6.	\$1,166.95			
7. <b>Cal</b>	culate total monthly take-home pay. Subtract line 6	from line 4.	7.	\$2,779.66			
8. List	all other income regularly received:						
	Net income from rental property and from operation business, profession, or farm						
	Attach a statement for each property and business sho gross receipts, ordinary and necessary business exper the total monthly net income.	nses, and	За.	\$0.00			
8b.	Interest and dividends	8	3b.	\$0.00			
	Family support payments that you, a non-filing spo dependent regularly receive	ouse, or a					
	Include alimony, spousal support, child support, main divorce settlement, and property settlement.		Вс.	\$0.00			
8d.	Unemployment compensation	8	3d.	\$0.00			
8e.	Social Security	8	Be.	\$0.00			
	Other government assistance that you regularly re Include cash assistance and the value (if known) of any cash assistance that you receive, such as food stamps under the Supplemental Nutrition Assistance Program) housing subsidies Specify:	y non- (benefits or	Bf.	\$0.00			
8g.	Pension or retirement income		3g.	\$0.00			
8h.	Other monthly income. Specify:		3h. +	\$0.00	+		
9. <b>Add</b>	all other income Add lines 8a + 8b + 8c + 8d + 8e +	8f +8g + 8h.	9.	\$0.00			
	culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or nor		10.	\$2,779.66	+	=	\$2,779.66
Incl frier	ate all other regular contributions to the expenses lude contributions from an unmarried partner, members or relatives.  not include any amounts already included in lines 2-10	s of your household	l, your d	lependents, your room			
Spe	ecify:					11. +	\$0.00
	d the amount in the last column of line 10 to the atte that amount on the Summary of Schedules and State					12.	\$2,779.66
13. <b>Do</b>	you expect an increase or decrease within the ye	ar after you file th	is form'	,		·	Combined monthly income
<b>✓</b>	No.						
	Yes. Explain:						

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		Docu	iment Page 34 of 68	3	
Fill in this infor	mation to identify your	r case:			
Debtor 1	Elaine First Name	L Middle Name	Anderson Last Name		
Debtor 2				Check if this is:  An amended filin	a
(Spouse, if filing)	First Name	Middle Name	Last Name	브	owing post-petition chapter 13
United States E	Bankruptcy Court for the	e: Northern [	District of Illinois (State)		he following date:
Case number (If known)				MM / DD / YYYY	<u></u>
Official	Form 106J				
Schedul	e J: Your Ex	penses			12/15
information. If	•		re filing together, both are equal form. On the top of any addition		
Part 1: Des	cribe Your Househ	old			
1. Is this a joi	nt case?				
✓ No. Go	to line 2				
Yes. Do	oes Debtor 2 live in a	separate household?			
	No Polologo and	("L O(".:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	(- · 0	
			nses for Separate Household of Deb	or 2.	
-	. 🖳	No Voc Fill out this information for			
Do not list D Debtor 2.	deptor i and	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	d your	No Yes			
Part 2: Estin	mate Your Ongoing	g Monthly Expenses			
	of a date after the bar		rou are using this form as a suppl plemental Schedule J, check the		
		n-cash government assistance d it on <i>Schedule I: Your Incom</i> e			Your expenses
	or home ownership or the ground or lot. 4.	expenses for your residence. In	clude first mortgage payments and		<b>\$990.00</b>

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

If not included in line 4: 4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Elaine L Anderson Case number (if known)
First Name Middle Name Last Name

5. Additional mortgage payments for your residence, such as home equity loans  6. Utilities:  6a. Electricity, heat, natural gas  6a. Electricity, heat, natural gas  6b. Water, sewer, garbage collection  6c. Telephone, cell phone, Internet, satellite, and cable services  6c. 6d. Other. Specify:  7. Food and housekeeping supplies  7. 8. Childcare and children's education costs  9. Clothing, laundry, and dry cleaning  10. Personal care products and services  11. Medical and dental expenses  12. Transportation, Include gas, maintenance, bus or train fare.  Do not include car payments  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:	\$0.00 \$250.00 \$0.00 \$350.00 \$0.00
6. Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d 7. Food and housekeeping supplies 7. 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. 10. Personal care products and services 11. Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance	\$250.00 \$0.00 \$350.00 \$0.00
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  7. Food and housekeeping supplies 7. S. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 11. 22. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance	\$0.00 \$350.00 \$0.00
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  7. Food and housekeeping supplies 7. So Childcare and children's education costs 8. 9. Clothing, laundry, and dry cleaning 9. 10. Personal care products and services 11. Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c.	\$0.00 \$350.00 \$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  7. Food and housekeeping supplies 7.  8. Childcare and children's education costs 8.  9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11.  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance	\$350.00 \$0.00
6d. Other. Specify: 6d   7. Food and housekeeping supplies 7. 8. Childcare and children's education costs 8. 9. Clothing, laundry, and dry cleaning 9. 10. Personal care products and services 10. 11. Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. Transportation, newspapers, magazines, and books 13. 14. Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c.	\$0.00
7. Food and housekeeping supplies 7. 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. 10. Personal care products and services 10. 11. Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance	
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. 10. Personal care products and services 10. 11. Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance	
9. Clothing, laundry, and dry cleaning 9. 10. Personal care products and services 10. 11. Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance	\$350.00
10. Personal care products and services  11. Medical and dental expenses  11. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance	\$0.00
11. Medical and dental expenses  11.  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance	\$125.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance	\$125.00
Do not include car payments  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance	\$0.00
14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c	\$325.00
15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c	\$0.00
15b. Health insurance 15c	
15c. Vehicle insurance	\$0.00
451.00	\$0.00
15d. Other insurance. Specify:	\$0.00
	\$0.00
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.	
Specify:	\$0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	\$0.00
17b. Car payments for Vehicle 2	\$0.00
17c. Other. Specify:	\$0.00
17d. Other. Specify: 17d	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from	\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).	
19.Other payments you make to support others who do not live with you.  Specify:  19.	<b>#0.00</b>
Specify: 19 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	\$0.00
20a. Mortgages on other property	\$0.00
20b. Real estate taxes.	\$0.00
20c. Property, homeowner's, or renter's insurance	Ψ0.00
20d. Maintenance, repair, and upkeep expenses.	\$0.00
20e. Homeowner's association or condominium dues	\$0.00 \$0.00

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Debtor 1 Elaine		L	Anderson	Case number (if known)		
First Na	me	Middle Name	Last Name			
21.Other. Speci	fy: Fingerhunt Rise Pers	sonal Loan			21	\$240.00
22. Calculate your monthly expenses.						\$2,755.00
22a. Add lines 4 through 21.						\$0.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2						\$2,755.00
22c. Add line 22a and 22b. The result is your monthly expenses.					22.	
23. Calculate yo	our monthly net income.	•				
23a. Copy line 12 (your combined monthly income) from Schedule I.					23a	\$2,779.66
23b. Copy your monthly expenses from line 22 above.					23b	\$2,755.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.						\$24.66
					23c	
For example	e, do you expect to finish	paying for your car l	ses within the year after yoan within the year or do yo nodification to the terms of	ou expect your		

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Fill in this information to identify your case:							
Debtor 1	Elaine	L	Anderson				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		Northern	District of Illinois (State)				
Case number (If known)		_	(**************************************				

### Official Form 106Dec

Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	t 1: Sign Below		
	Did you pay or agree to pay someone who is NOT an attorney to h	help you fill out bankruptcy forms?	
	✓ No		
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	
	Under penalty of perjury, I declare that I have read the summary that they are true and correct.	and schedules filed with this declaration and	
×	/s/ Elaine Anderson	×	
	Signature of Debtor 1	Signature of Debtor 2	
	Date 12/6/2016	Date	
	MM/DD/YYYY	MM/DD/YYYY	

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Fill in this inform	nation to identify your	case:		
Debtor 1	Elaine	L	Anderson	
Debtor 2	First Name	Middle Name	Last Name	Check if this is:
(Spouse, if filing)	First Name	Middle Name	Last Name	An amended filing
United States Ba	ankruptcy Court for the:	Northern	District of Illinois (State)	A supplement showing post- expenses as of the following
Case number (If known)			· · ·	MM / DD / YYYY

### Official Form 106J-2

### Schedule J-2: Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J. Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe Your Household
1.Do you	and Debtor 1 maintain separate households?
□ N	o. Do not complete this form.
☐ Y	es.

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Fill ir	n this in	formation to identify you	ur case:					
Debt	tor 1	Elaine First Name	L Middle	Anders Name Last Na		_		
Debt (Spou	tor 2 use, if filing	g) First Name	Middle	Name Last Na	ame	-		
Unite	ed State	s Bankruptcy Court for the	ne: Northern	District of Illi		_		
Case (If kno	e numbe	er		(S	tate)	_		
Off	ficia	l Form 107						Check if this is a amended filing
			eial Affairs t	for Individuals	s Filina fa	or Bankru	iptcv	12/1:
Be as	s comp mation	olete and accurate as	possible. If two neded, attach a sep	narried people are filin parate sheet to this for	g together, bo	th are equally i	responsible for s	
Part	1: Gi	ive Details About Yo	ur Marital Status	and Where You Live	ed Before			
1.	What	is your current marital	status?					
	<u> </u>	Married Not married						
2.	Durin	g the last 3 years, have	e you lived anywher	e other than where you	live now?			
	Ľ.	No Yes. List all of the place:	s you lived in the las	st 3 years. Do not include	e where you live	e now.		
	C	Debtor 1:		Dates Debtor 1 lived there	Debtor 2:			Dates Debtor 2 lived there
					Same	as Debtor 1		Same as Debtor 1
	<u>N</u>	Number Street		From To	Number Si	treet		From
	7	City State	Zip Code		City	State	Zip Code	
					Same	as Debtor 1		Same as Debtor 1
	<u></u>	Number Street		From To	Number St	treet		From To
	ō	City State	Zip Code		City	State	Zip Code	
	and terr	<i>ritories</i> include Arizona, C	alifornia, Idaho, Loui	pouse or legal equivaler siana, Nevada, New Mexid Codebtors (Official Forr	co, Puerto Rico,			

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Anderson

L

Debt	or 1	Elaine L	Anderso		umber (if known)	
		First Name Middle	e Name Last Nam	e		
Part	2:	<b>Explain the Sources of Your Inc</b>	come			
	Fill i	you have any income from employm n the total amount of income you receivities. If you are filing a joint case and you No Yes. Fill in the details.	ved from all jobs and all busin	esses, including part-time		ars?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		om January 1 of current year until e date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$45795.06	Wages, commissions, bonuses, tips Operating a business	
		or last calendar year: anuary 1 to December 31, 2015 ) YYYY	Wages, commissions, bonuses, tips Operating a business	\$45141.00	Wages, commissions, bonuses, tips Operating a business	
		or the calendar year before that: anuary 1 to December 31, 2014 ) YYYY	Wages, commissions, bonuses, tips Operating a business	\$45000.00	Wages, commissions, bonuses, tips Operating a business	
I p f	nclu oubl iling _ist	you receive any other income during a de income regardless of whether that in ic benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No  Yes. Fill in the details.	ncome is taxable. Examples o come; interest; dividends; mo you received together, list it o	f other income are alimony; ney collected from lawsuits; only once under Debtor 1.	; royalties; and gambling and lot	
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
		rom January 1 of current year until ne date you filed for bankruptcy:				
		or last calendar year: lanuary 1 to December 31, 2015 )  YYYY				
		or the calendar year before that: lanuary 1 to December 31, 2014 YYYYY				

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Anderson Debtor 1 Elaine \_\_\_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other

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tor	1 Elaine		L	And	derson	Case number	(if known)
	First Name		Middle Name	Last	Name	<del>-</del>	
Ins cor age	siders include your rela rporations of which yo	atives; any ou are an o a busines	general partners; officer, director, p s you operate as	relatives of any of erson in control,	general partners; part or owner of 20% or	nerships of which y more of their voting	who was an insider? ou are a general partner; securities; and any managing domestic support obligations,
<b>✓</b>	No						
	Yes. List all payme	ents to an	insider.	D : (	<b>-</b>		D ( 11)
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name						
	Number Street						
	City St	ate	Zip Code				
	Insider's Name						
	Number Street						
	City St	ate	Zip Code				
	ider? llude payments on de No Yes. List all payme		_		Total amount paid	Amount you still owe	Reason for this payment  Include creditor's name
	Insider's Name						
	Number Street						
	City St	ate	Zip Code				
	Insider's Name						
	Number Street						
		ate	Zip Code				

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Anderson Debtor 1 Elaine Case number (if known) First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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Debt	tor 1 Elaine First Name	L Middle Name	Anderson Last Name	Case number (if known)	
11.		ou filed for bankruptcy, did ake a payment because yo		eank or financial institution, set off any an	nounts from your
	✓ No  Yes. Fill in the detail	S.			
			Describe the action th	e creditor took  Date action was taken	Amount
	Creditor's Name				
	Number Street		Last 4 digits of account	number: XXXX-	
	City S	tate Zip Code			
12.		filed for bankruptcy, was assisted in the state of the st		possession of an assignee for the benefit	of creditors, a court-
	✓ No ☐ Yes				
Part	5: List Certain Gifts a	and Contributions			
13.	Within 2 years before ye	ou filed for bankruptcy, dic	I you give any gifts with a t	otal value of more than \$600 per person?	
	✓ No  Yes. Fill in the detail	ils for each gift.			
	Gifts with a total va	llue of more than \$600	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You	u Gave the Gift			
	Number Street				
	City S Person's relationship	tate Zip Code			
	-	- -			
	Person to Whom You	u Gave the Gift			
	Number Street				
	City S Person's relationship	tate Zip Code to you			

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otor 1	Elaine	L	Anderson (	Case number <i>(if known)</i>	
	First Name	Middle Name	Last Name		
				206 - 1 - 1 - 1 - 2 - 3	
Wi	thin 2 years before you file	d for bankruptcy, did	l you give any gifts or contributions v	ith a total value of more the	an \$600 to any charity?
<b>V</b>	No				
F	Yes. Fill in the details for	each gift or contributi	ion.		
_	•	_		Data	Val
	Gifts or contributions to that total more than \$60		Describe what you contributed	Date ye	
	that total more than woo	,0		Contri	Julea
			_		<del></del>
	Charity's Name				
	-		-		
			_		
	Number Street				
	City State	Zip Code	-		
	Oity State	Zip Oode			
6:	List Certain Losses				
	mbling?  No	Tior ballkruptcy or Sil	nce you filed for bankruptcy, did you	iose anything because of th	eit, iire, other disaster, or
	Yes. Fill in the details.				
	Describe the property yo	ou lost and	Describe any insurance coverage	ge for the loss Date of	of your Value of property
	how the loss occurred		Include the amount that insurance	has paid. List loss	lost
			pending insurance claims on line 3	33 of Schedule	
			A/B: Property.		
7:	List Certain Payments	T			
	No Filit il III il				
✓	Yes. Fill in the details.				
			Description and value of any pro	perty Date p	ayment Amount of
			Description and value of any protransferred	or tran	sfer payment
	<u> </u>		transferred	or tran was ma	sfer payment ade
	Semrad Law Firm			or tran	sfer payment ade
	Person Who Was Paid		transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street		transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street		transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street		transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois		transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street 28th Floor	60603 Zip Code	transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State		transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois		transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street  28th Floor  Chicago Illinois City State  Email or website address	Zip Code	transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street  28th Floor  Chicago Illinois City State  Email or website address None	Zip Code	transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street  28th Floor  Chicago Illinois City State  Email or website address None	Zip Code	transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Pay	Zip Code	transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State  Email or website address None Person Who Made the Pay	Zip Code	transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Pay	Zip Code	transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Pay	Zip Code	transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Pay	Zip Code	transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State  Email or website address None Person Who Made the Pay  Person Who Was Paid  Number Street  City State	Zip Code /ment, if Not You	transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State  Email or website address None Person Who Made the Pay  Person Who Was Paid  Number Street	Zip Code /ment, if Not You	transferred	or tran was ma	sfer payment ade
	Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State  Email or website address None Person Who Made the Pay  Person Who Was Paid  Number Street  City State	Zip Code  /ment, if Not You  Zip Code	transferred	or tran was ma	sfer payment ade

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Deb		Elaine	L	Anderson	Case number (if known)		
		First Name	Middle Name	Last Name			
17.	help	nin 1 year before you filed you deal with your credit not include any payment or	tors or to make paym		your behalf pay or transfer	any property to anyo	one who promised to
	<b>✓</b>	No Yes. Fill in the details.					
				Description and value of transferred	any property	Date An payment or transfer was made	mount of payment
		Person Who Was Paid					
		Number Street					
		City State	Zip Code				
18.	the Incluand	ordinary course of your bude both outright transfers a transfers that you have alreated.	usiness or financial af and transfers made as s	ecurity (such as the granting of			
	Ц	Yes. Fill in the details.		Description and value of property transferred		/ property or ceived or debts paid	Date transfer was made
		Person Who Received Tran	sfer				
		Number Street					
		City State Person's relationship to you	Zip Code u				
		Person Who Received Tran	sfer				
		Number Street					
		City State Person's relationship to you	Zip Code u				
19.	ben	nin 10 years before you file eficiary? ese are often called asset-pro		l you transfer any property to	a self-settled trust or sim	ilar device of which y	you are a
		No					
	Ц	Yes. Fill in the details.		Description and value o	f the property transferred		Date transfer was made
		Name of trust					

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Anderson

Debtor 1 Elaine \_ Case number (if known) First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

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Anderson Debtor 1 Elaine Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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Debt		Elaine		L	Anderson	Case num	ber (if known)	
		First Name		Middle Name	Last Name			
26.	Hav	<b>e you been a part</b> No	y in any judic	cial or administ	rative proceeding under	any environmental la	w? Include settlements and orde	rs.
	П	Yes. Fill in the det	tails.					
					Court or agency	Nat	ture of the case	Status of the case
		Case title						Pending
					Court Name			On appeal
		Case number			NumberStreet			Concluded
		la			City State	Zip Code		
					onnections to Any Bu			
27.	Witl	nin 4 years before	you filed for	bankruptcy, di	d you own a business or	have any of the follow	ring connections to any business	?
		A member of A partner in a An officer, di	f a limited liab a partnership rector, or ma	oility company ( o anaging executi	rade, profession, or othe LLC) or limited liability parve of a corporation	artnership (LLP)	e or part-time	
		An owner of	at least 5% c	of the voting or	equity securities of a cor	poration		
		No None of the c	hava annlia	o Co to Dort 10	)			
	$\leq$	No. None of the a						
	Ш	Yes. Check all tha	at apply abo	ve and till in the	e details below for each b	ousiness.		
					Describe the nat	ure of the business	Employer Identification no include Social Security no	
		Business Name			_		EIN:	
		Number Street			Name of account	ant or bookkeeper	Dates business existed	
		City	State	Zip Code			From To	
					Describe the nate	ure of the business	Employer Identification no include Social Security no	
		Business Name					EIN:	
		Number Street					Dates business existed	
		0.1	01-1-	7' - 0 - 1 -	mame of account	ant or bookkeeper		
		City	State	Zip Code			From To	
					Describe the nati	ure of the business	Employer Identification no include Social Security no	
		Business Name			_		EIN:	
		Number Street			Name of account	ant or bookkeeper	Dates business existed	
		City	State	Zip Code		c. 200opoi	From To	

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Debto	or 1 Elaine	L	Anderson	Case number (if known)
	First Name	Middle Name	Last Name	
	Within 2 years befor creditors, or other p  No  Yes. Fill in the d	parties.	you give a financial statemei	nt to anyone about your business? Include all financial institutions,
	ш		Date issued	
			Date Issueu	
	Name		MM/DD/YYYY	
	Number Street	i	<u> </u>	
	City	State Zip Code	<u></u>	
Part	12: Sign Below			
tr	rue and correct. I un bankruptcy case ca	derstand that making a false s	tatement, concealing proper	nts, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		ature of Debtor 1		Signature of Debtor 2
	Date	12/6/2016		Date
	No Yes	to pay someone who is not an		uals Filing for Bankruptcy (Official Form 107)?  ankruptcy forms?  Attach the Bankruptcy Petition Preparer's Notice,
L		<b>0</b> 11		Declaration and Signature (Official Form 119)

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Fill in this information to identify your case:					
Debtor 1	Elaine	L	Anderson		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		Northern	District of Illinois (State)		
Case number (If known)			(		

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.					
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?			
	Creditor's name: COMENITY BANK/ROOMPLCE  Description of property securing debt: CreditCard-Lease on Furniture	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	✓ No. Yes.			
	Creditor's name: GRT AMER FIN  Description of property securing debt: Lease on Furniture	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.			
	Creditor's name: RISE  Description of property securing debt: Personal Loan	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	V No. Yes.			
	Creditor's name: WEBBNK/FHUT  Description of property securing debt: CreditCard-Lease on Furniture	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.			

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Debtor	Elaine	L	Anderson	Case number (if
1	First Name	Middle Name	Last Name	known)
Part 2:	List Your Unexpired Person	onal Property Leas	ses	
informa		ate leases. Unexpire	d leases are leases that	Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).
De	scribe your unexpired personal	property leases		Will the lease be assumed?
Les	ssor's name: Covington, Jamilla			□ No ✓ Yes
	scription of leased operty: Landlord			
Les	ssor's name:			No Yes
	scription of leased operty:			
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			_
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			_
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			_
Part 3:	Sign Below			
	er penalty of perjury, I declare a perty that is subject to an unex		my intention about any	property of my estate that secures a debt and any personal
×	/s/ Elaine Anderson		<b>x</b> _	
S	Signature of Debtor 1		Sig	nature of Debtor 1
D	Date 12/6/2016 MM/DD/YYYY		Dat	te MM/DD/YYYY

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B 203 (12/94)

### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

Northern District of Illinois	
In re Elaine L Anderson Case No.	
Debtor	(If known)
Chapter	Chapter 7
DISCLOSURE OF COMPENSATION OF ATTORNEY	
<ol> <li>Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the compensation paid to me within one year before the filing of the petition in bankruptcy, or agree rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with</li> </ol>	ed to be paid to me, for services
For legal services, I have agreed to accept	\$1,200.00
Prior to the filing of this statement I have received	\$0.00
Balance Due	\$1,200.00
2. The source of the compensation paid to me was:	
Debtor Other (specify)	
3. The source of the compensation paid to me is:	
Debtor Other (specify)	
4. I have not agreed to share the above-disclosed compensation with any other person unless members and associates of my law firm.	s they are
I have agreed to share the above-disclosed compensation with a other person or persons we members or associates of my law firm. A copy of the agreement, together with a list of the repeople sharing in the compensation, is attached.	
<ol> <li>In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the tale.</li> <li>Analysis of the debtor's financial situation, and rendering advice to the debtor in determinant bankruptcy;</li> </ol>	
b. Preparation and filing of any petition, schedules, statements of affairs and plan which m	nay be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and a	any adjourned hearings thereof;
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service	es:
CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment debtor(s) in this bankruptcy proceedings.	to me for representation of the
12/6/2016 /s/ Rigo Garcia	
Date Signature of Attorney	
Semrad Law Firm	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$275	total fee
+	\$75	administrative fee
	\$200	filing fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Anderson, Elaine L  Debtor(s)	Case No	Case No		
		Chapter.	Chapter7		
	VERIFIC	CATION OF CREDITOR MAT	RIX		
Ti knowledge		y that the attached list of creditors is tr	ue and correct to the best of their		
Date:	12/6/2016	/s/ Anderson, Elaine Anderson, Elaine Signature of Deb	e L		

B 203 (12/94)

### **UNITED STATES BANKRUPTCY COURT**

	W I VI E Emp Eur		MOFICI COUNT	
In re	Planter I A. I	Northern District of	of Illinois	
####	Elaine L Anderson  Debtor		Case No.	
	Debtor		Chapter	(If known)
			· ————	Chapter 7
	DISCLOSURE OF CO	MPENSATION	OF ATTORNEY F	OR DEBTOR
1.	. Pursuant to 11 U.S.C. § 329(a) and Fed. Ba compensation paid to me within one year b rendered or to be rendered on behalf of the	ELOTE THE HITTO AT THE PART	ion in honizintou, or caread to	. Na arabata di Barana di Araba di Arab
tingen verskerende	For legal services, I have agreed to accept	elindek kirjandi Santia Senelli i Selekti i Selekti i Selekti i Antanta kirjandi Katansi Kantini Katansi Kanti K	૧૩ મનો માના કરવાના કરવાના કરવાના કરવાના કરવાના મહાવાના મહાવાના મહાવાના મહાના કરવાના કરવાના કરવાના મહાના કરવાના -	anna de la company de la c S1,200.00
	Prior to the filing of this statement I have re	ceived		\$0.00
	Balance Due			\$1,200.00
2.	The source of the compensation paid to me	: was:		
	<b>Debtor</b>	Other (specify)		
3.	The source of the compensation paid to me	is:		
	✓ Debtor	Other (specify)		
4.	I have not agreed to share the above-dimembers and associates of my law firm	sclosed compensation wit	h any other person unless they	are
	I have agreed to share the above-disclo members or associates of my law firm. A the people sharing in the compensation	A copy of the agreement, t	other person or persons who ar ogether with a list of the names	re not s of
5.	In return for the above-disclosed fee, I have a. Analysis of the debtor's financial situ bankruptcy;	agreed to render legal serv Jation, and rendering advi	rice for all aspects of the bankri ce to the debtor in determining	uptcy case, including: whether to file a petition in
	b. Preparation and filing of any petition	, schedules, statements o	f affairs and plan which may be	required:
	c. Representation of the debtor at the r			
6.	By agreement with the debtor(s), the above-			,
		CERTIFICATIO	N	
debto	pertify that the foregoing is a complete stater or(s) in this bankruptcy proceedings.	nent of any agreement or a	arrangement for payment to me	for representation of the
	12/6/2016		/s/ Rigo Garcia	
	Date		Signature of Attorney	1000 PM
			Semrad Law Firm	
			Name of law firm	10-11-11-11-11-11-11-11-11-11-11-11-11-1

# CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1200.00 attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$30.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either.

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

Initial EA

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I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Client Elame Onlean Client \_\_\_\_\_\_

Initia EA

Date: 12/6/2016

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Debtor 1 Elaine First Name	L Middle Name	Anderson	_ Case number (if known)	·
Paraga Answer These Qu	uestions for Reporting Purpo	Last Name		
16. What kind of debts do you have?	16a. Are your debts prima "incurred by an individ No. Go to line 16b Yes. Go to line 17. 16b. Are your debts prima	rily consumer debts? Colual primarily for a person.  rily business debts? Bus or investment or through	al, family, or househ iness debts are debt the operation of the	s that you incurred to obtain business or investment.
17. Are you filing under Chapter 7?	No. I am not filing under C	hapter 7. Go to line 18,		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	No.	oter 7. Do you estimate that a strength of the	after any exempt prop distribute to unsecured	erty is excluded and administrative if creditors?
18. How many creditors do you estimate that you owe?	☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,00 10,001-25,0	0	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?	☐ \$0-\$50,000 ☐ \$50,001-\$100,000 ☑ \$100,001-\$500,000 ☐ \$500,001-\$1 million			\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	Secures		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 78 Sign Below	I have examined this netition	and I dodore under a seed	4	
	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 1 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **  I signature of Debtor 1  Signature of Debtor 2  Executed on 12/6/2016  Executed on			
			Executed on .	MM / DD / YYYY

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Fill in this info	mation to identify your	ase:			
Debtor 1	Elaine	L	Anderson	Secretary Control of the Control of	
Debtor 2	First Name	Middle Name	Last Name	_	
(Spouse, if filling)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	Northern	District of Illinois		
Case number (If known)			(State)		
Official	Form 106De	ec			Check if this is a amended filing
Declarat	ion About an	Individual Deb	tor's Schedules		12/1
and an age and a second second second	1341, 1519, and 3571.	nie bankruptcy schedules ion with a bankruptcy cas	or amended schedules. Maki se can resuit in fines up to \$2	ng a false statement, concealing prop 50,000, or imprisonment for up to 20	perty, or obtaining years, or both. 18
Did you pa	ay or agree to pay some	one who is NOT an attorn	ey to help you fill out bankru	otcv forms?	
<b>✓</b> No			, ,		
Yes. N	Name of person		Attach Bankruptcy Peti Signature (Official Form	tion Preparer's Notice, Declaration, and n 119).	
Under pen that they	alty of perjury, I declar are true and correct.	e that I have read the sum	mary and schedules filed wit	h this declaration and	
✗ /s/ Elaine	Anderson Ela	in ander	×		
Signature o	f Debtor 1		Signature of	Debtor 2	<del>*** * * * * * * * *</del>
Date 12/6	/2016		0-4-		

MM/DD/YYYY

MM/DD/YYYY

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Debtor 1		L_	Anderson	Case number [if known]			
	First Name	Middle Name	Last Name	The state of the s			
28. Wit cre	thin 2 years before you ditors, or other parties	filed for bankruptcy, did y s.	ou give a financial state	nent to anyone about your business? Include all financial institutions			
Z	No Yes. Fill in the details	below.					
			Date issued				
	Name		MM/DD/YYYY	nud.			
	Number Street		TOUR PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AD				
	City S	tate Zin Code	no-no.				
	- Oily Si	tate Zip Code					
Part 12:	Sign Below						
I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.							
	Signature of	f Debtor 1	A Commence of the Commence of	Signature of Debtor 2			
	Date 12/6/2	2016		Date			
Did yo	ou attach additional pa	iges to Your Statement of	Financial Affairs for Indiv	iduals Filing for Bankruptcy (Official Form 107)?			
I.ZI N				thing to Dominapicy (Chiciai Form 107);			
Enverage S	es						
Loui	<b>~</b> 3						
Did yo	ou pay or agree to pay	someone who is not an at	torney to help you fill out	bankruptcy forms?			
V N							
Y	es. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).			

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Debte	or Elaine	Ĺ	Anderson	Case number (if	
1	First Name	Middle Name	Last Name	known)	
Part 2	List Your Unexpir	ed Personal Property Leas	es		
For au	ny unexpired personal p nation below. Do not lis	property lease that you listed it	Schedule G: Executory	Contracts and Unexpired Leases (Official Form 1 are still in effect; the lease period has not yet end U.S.C. § 365(p)(2).	06G), fill in the led. You may
D	escribe your unexpired	personal property leases		Will the lease be assume	d?
L	essor's name: Covingto	n, Jamilla		☐ No ✓ Yes	
	escription of leased roperty: Landlord			Emany .	
Le	essor's name:			growing No	
	escription of leased openly:		- Andrew Andrew Control Contro	Ves	units schriften er einschrift dem der den son schriften bekande est an blande er vin sich sich der
	essor's name:			No	
	escription of leased operty;			Berger B	
Le	ssor's name:			II No	
	escription of leased operty:			Local 100	
Le	ssor's name:			No No Yes	
	scription of leased operty:			€aecon≹	
Les	ssor's name:			No Yes	
	scription of leased operty:			Econopi	
Les	ssor's name:			No Yes	
	scription of leased perty:			Feature 1	
arit St	Sign Below	toote terrores and action as a series of a series			
Unde prop	er penalty of perjury, I d erty that is subject to a	leclare that I have indicated m in unexpired lease.	y intention about any pro	operty of my estate that secures a debt and any p	ersonal
	/s/ Elaine Anderson gnature of Debtor 1	Elani Arles	<b>★</b> Signat	ure of Debtor 1	
Da	ate 12/6/2016 MM/DD/YYYY		Date	MM/DD/YYYY	

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Anderson, Elaine L.  Debtor(s)	Case No.	Case No.				
		Chapter.	Chapter7				
	VERIFICATION	N OF CREDITOR MAT	*RIX				
knowled	The above named Debtors hereby verify that the ge.	attached list of creditors is t	ue and correct to the best of their				
Date:	namenteraturan per i les 2 12 16 2 2 0 1 5 conserver a presentant en transcentrativa de t	/s/ Anderson, Elain Anderson, Elain Signature of Dei		i candinari nasari atau sa			

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Debtor	1 Elaine First Name	L SCOOL N	Anderson		Case numbe	at (it known)			
	i not (verice	Middle Name	Last Name		Column A Debtor 1		Column B Debtor 2 or		***************************************
Do n unde	nployment compensation ot enter the amount if you conte or the Social Security Act. Instead	nd that the amount r , list it here:	eceived was a ben	efit	\$0.00		non-filing spo	use	
For y For y	our spouse		\$0.00 \$0.00						
Dene	ion or retirement income. Do fit under the Social Security Act.			ras a	\$0.00				
paym intern	ome from all other sources not ant. Do not include any benefits a ents received as a victim of a wa ational or domestic terrorism. If a and put the total below.	received under the Sc r crime a crime again	ocial Security Act or				-		
Total	amounts from separate pages, if	enemente de la company de la c	k kepanika seri kepanik in kecani kepanik seri di kebana kepanca sebelah kebana keba an	nde kalendakiski enkision niinkoli	+\$0.00	erritorio il della televizia della seggia	**************************************	vuostikukoikoontestaa	on silaan kohen araasii 44 da Riigii 44 ta 25 km ay laan ka 25 km ay la 66 km ay ka 25 km ay ka 25 km ay la 25 Ta'aa ay laan ah ay laan ah ay laan ah
CaCi;	culate your total current mont			or	\$3,971.57	+			\$ <u>3,971.57</u>
					I	) <u>L</u>			Total current
	Determine Whether the M								monthly income
12. <b>Calc</b> i	ulate your current monthly inc Copy your total current monthly i	ome for the year. F	ollow these steps:			Conviline :	11 here →	r	
	Multiply by 12 (the number of m					Jopy Mie	i i llore>	L	\$3,971.57 X 12
125. 7	The result is your annual income	for this part of the for	m.				-	12b.	\$47,658.84
13 Calcu	late the median family income	that applies to you	. Follow these ste	eps:					
Fill in t	the state in which you live.		Illinois						
Fill in t	he number of people in your ho	usehold.	1	1					
Fill in t housel	he median family income for you hold.	r state and size of						13,	\$50,133.00
#158UQ	I a list of applicable median incor dions for this form. This list may to the lines compare?	ne amounts, go onlir also be available at th	ne using the link sp e bankruptcy clerk	pecified in the	e separate			<u>L</u>	-
14a. 🛴	Line 12b is less than or equal Go to Part 3.	to line 13. On the to	p of page 1, check	obox 1, Ther	e is no presumptio	n of abus	e,		
14b. [	Line 12b is more than line 13 Go to Part 3 and fill out Form	. On the top of page 122A-2.	1, check box 2, Ti	he presumpti	ion of abuse is dete	ermined by	y Form 122A-2.		
Parit 39 S	Sign Below	SAMOONIA SAANAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAA							
By sig	ining here, I declare under penalt	y of perjury that the in	nformation on this	statement ar	nd in any attachme	nts is true	and correct.		
	s/ Elaine Anderson	iene Ando	e Desposition	<b>★</b> Signatur	re of Debtor 2		The second secon		
Da	te 12/6/2016 MM/DD/YYYY			-	2/6/2016 IM/DD/YYYY				
If yo	ou checked line 14a, do NOT fill ou checked line 14b, fill out Form	out or file Form 122A 122A-2 and file it wi	-2. th this form.						

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

COMENITY BANK/ROOMPLCE PO Box 320006 Birmingham , AL 35222

ONEMAIN 3124 N Vermilion St Ste A Danville , IL 61832

GRT AMER FIN 205 WEST WACKER DR CHICAGO , IL 60606

RISE PO Box 101808 Fort Worth , TX 76185

CAPITAL ONE 11013 W BROAD ST GLEN ALLEN , VA 23060

WEBBNK/FHUT Po Box 166 Newark , NJ 07101

CREDIT MANAGEMENT LP PO Box 118288 Carrollton , TX 75011

Comcast 11621 E. Marginal Way # 5 Bankruptcy Dept Seattle , WA 98168